

For

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	amendment		
Total claims	24	Minus	
Independent claims	4	Minus	
		Total	
** If the highest num	umn 2 is less than the entry in Co ber of total claims previously pai ber of independent claims previo	d for is l	
☐ This application conherewith ☐.	ontains a multiple dependent clai	m. The i	
This response is be petition to request	eing filed within the mon a month extension of time	th follow e. A chec	
A check in the am time.	ount of \$ is attached, whic	h covers	
Charge \$ to	Deposit Account No. 50-0320.		
Please charge any No. 50-0320.	additional fees incurred by reaso	n of this	
the United States Postal S	orrespondence is being deposited wit ervice as first class mail in an envelo- oner for Patents, P.O. Box 1450, 1450, on June 7, 2004.		
William S	S. Frommer, Reg. No. 25,506		
Name of Applicant,	Assignee or Registered Representati	ve	
- VV	Signature		
_ (June 7, 2004		

Date of Signature

EDITING APPARATUS AND EDITING METHOD

March 24, 2000 Filed

Arezoo Shertkat Examiner

2131 Art Unit

Alexandria, VA 22313-1450

Dear Sir:

745 Fifth Avenue New York, NY 10151 Tel: 212-588-0800

Commissioner for Patents P.O. Box 1450

Transmitted herewith is an amendment in the above-identified application.

Nobuyuki KIHARA et al.

09/535,003

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	24	Minus	** =24	* 0 x	\$18 (9)	= \$ 0
Independent claims	4	Minus	***=4	* 0 x	\$86 (43)	= \$ 0
	Total ac	Total additional fee for this amendment			\$ 0	

write "0" in Column 5.

ess than 20, write "20" in this space.

for is less than 3, write "3" in this space.

	If the highest number of macpendent elams previously para for is less than 5, while the mans opened
	This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid \square , or is paid herewith \square .
	This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
	A check in the amount of \$ is attached, which covers the cost of \[\] additional claims \[petition for extension of time.
	Charge \$ to Deposit Account No. 50-0320.
\boxtimes	Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account

William S. Frommer Reg. No. 25,506

Respectfully submitted,

Attorneys for Applicants

Tel: 212-588-0800

FROMMER LAWRENCE & HAUG LLP